

Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 character/inch).

FORM 3	DANGEROUS WASTE PERMIT APPLICATION	1. EPA/STATE I.D. NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">W A 7 8 9 0 0 0 8 9 8 7</div>																																																																																										
FOR OFFICIAL USE ONLY																																																																																												
APPLICATION APPROVED	DATE RECEIVED (mo., day, & yr.)	COMMENTS																																																																																										
II. FIRST OR REVISED APPLICATION																																																																																												
Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA/STATE I.D. Number, or if this is a revised application, enter your facility's EPA/STATE I.D. Number in Section I above.																																																																																												
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> A. FIRST APPLICATION (place an "X" below and provide the appropriate date) <input type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.) <div style="display: flex; align-items: center;"> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td>MO.</td><td>DAY</td><td>YR.</td></tr> <tr><td>03</td><td>22</td><td>43</td></tr> </table> <div style="margin-left: 5px;"> * FOR EXISTING FACILITIES, PROVIDE THE DATE (mo., day, & yr.) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left) The date construction of the Hanford Facility commenced. </div> </div> </div> <div style="width: 48%;"> <input type="checkbox"/> 2. NEW FACILITY (Complete item below) <div style="display: flex; align-items: center;"> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td>MO.</td><td>DAY</td><td>YR.</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> <div style="margin-left: 5px;"> FOR NEW FACILITIES, PROVIDE THE DATE (mo., day, & yr.) OPERATION BEGAN OR IS EXPECTED TO BEGIN </div> </div> </div> </div>			MO.	DAY	YR.	03	22	43	MO.	DAY	YR.																																																																																	
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B. REVISED APPLICATION (place an "X" below and complete Section I above) <input checked="" type="checkbox"/> 1. FACILITY HAS AN INTERIM STATUS PERMIT <input checked="" type="checkbox"/> 2. FACILITY HAS A FINAL PERMIT																																																																																												
III. PROCESSES - CODES AND CAPACITIES																																																																																												
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B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.																																																																																												
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EXAMPLE FOR COMPLETING SECTION III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.																																																																																												
LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY																																																																																					
X-1	S 0 2	200	G	6																																																																																								
X-2	T 0 3	20	E	6																																																																																								
1	S 0 4	794,937	L	7																																																																																								
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4				10																																																																																								

Continued from the front.

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESS (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

S04

The 207-A South Retention Basin (207-A Basin), which also is known as the Process Condensate (PC) Basins 1, 2, and 3 (i.e., PC-1, PC-2, and PC-3), began operation in March of 1977. The 207-A Basin consists of three concrete cells (S04), each with a 264,979-liter (70,000-gallon) design capacity for a total capacity of 794,937 liters (210,000 gallons). All three cells were coated to prevent constituents from penetrating the concrete. The 207-A Basin was used for the interim storage of the 242-A Evaporator process condensate to allow for sampling and analysis before the condensate was discharged to the 216-A-37-1 Crib for final disposition. Discharge of 242-A Evaporator process condensate to the 207-A Basin was terminated on April 12, 1989, when it was determined that the 242-A Evaporator process condensate contained mixed waste regulated under Washington Administrative Code 173-303. The 207-A Basin was emptied and is no longer used to receive or store mixed waste. The 207-A Basin will remain out of service and will be closed. Closure activities for the 207-A Basin are in the planning phase.

IV. DESCRIPTION OF DANGEROUS WASTES

- A. DANGEROUS WASTE NUMBER - Enter the four digit number from Chapter 173-303 WAC for each listed dangerous waste you will handle. If you handle dangerous wastes which are not listed in Chapter 173-303 WAC, enter the four digit number(s) that describes the characteristics and/or the toxic contaminants of those dangerous wastes.
- B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed dangerous waste: For each listed dangerous waste entered in column A select the code(s) from the list of process codes contained in Section III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed dangerous wastes: For each characteristic or toxic contaminant entered in Column A, select the code(s) from the list of process codes contained in Section III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed dangerous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: DANGEROUS WASTES DESCRIBED BY MORE THAN ONE DANGEROUS WASTE NUMBER - Dangerous wastes that can be described by more than one Waste Number shall be described on the form as follows:

- Select one of the Dangerous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other Dangerous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other Dangerous Waste Number that can be used to describe the dangerous waste.

EXAMPLE FOR COMPLETING SECTION IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2			T 0 3 D 8 0	included with above

Continued from page 2.
 NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

I.D. NUMBER (entered from page 1)									
W A 7 8 9 0 0 0 8 9 6 7									
IV. DESCRIPTION OF DANGEROUS WASTES (continued)									
LINE NO.	A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES					
				1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))	
1	F 0 0 1	793,469	K	S04					Storage - Surface Impoundment
2	F 0 0 2								
3	F 0 0 3								
4	F 0 0 4								
5	F 0 0 5								
6	W T 0 2								Included With Above
7									
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Continued from the front.

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM SECTION D(1) ON PAGE 3.

The 207-A Basin was taken out of service on April 12, 1989, emptied, and no longer receives or stores mixed waste. A description of the mixed waste residue at the 207-A Basin follows.

The 242-A Evaporator process condensate is regulated as mixed waste because the waste is derived from a waste containing spent halogenated and nonhalogenated solvents (F001, F002, F003, F004, and F005), and for the toxicity of ammonia (WT02, state-only, toxic, dangerous waste). The estimated annual quantity of dangerous waste (Section IV.B.) of 793,469 kilograms (1,749,300 pounds) represents the maximum operating capacity of the 207-A Basin, and a specific gravity for the waste of 1.0, when the basin was operational.

V. FACILITY DRAWING Refer to attached drawing(s).

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS Refer to attached photograph(s).

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION This information is provided on the attached drawing(s) and photograph(s).

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)
John D. Wagoner, Manager
U.S. Department of Energy
Richland Operations Office

SIGNATURE

John D. Wagoner

DATE SIGNED

9/26/96

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)

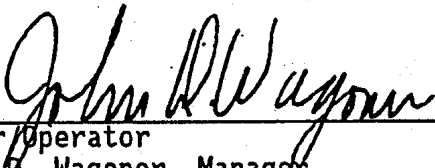
SEE ATTACHMENT

SIGNATURE

DATE SIGNED

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.



Owner/Operator
John D. Wagoner, Manager
U.S. Department of Energy
Richland Operations Office

9/26/96

Date

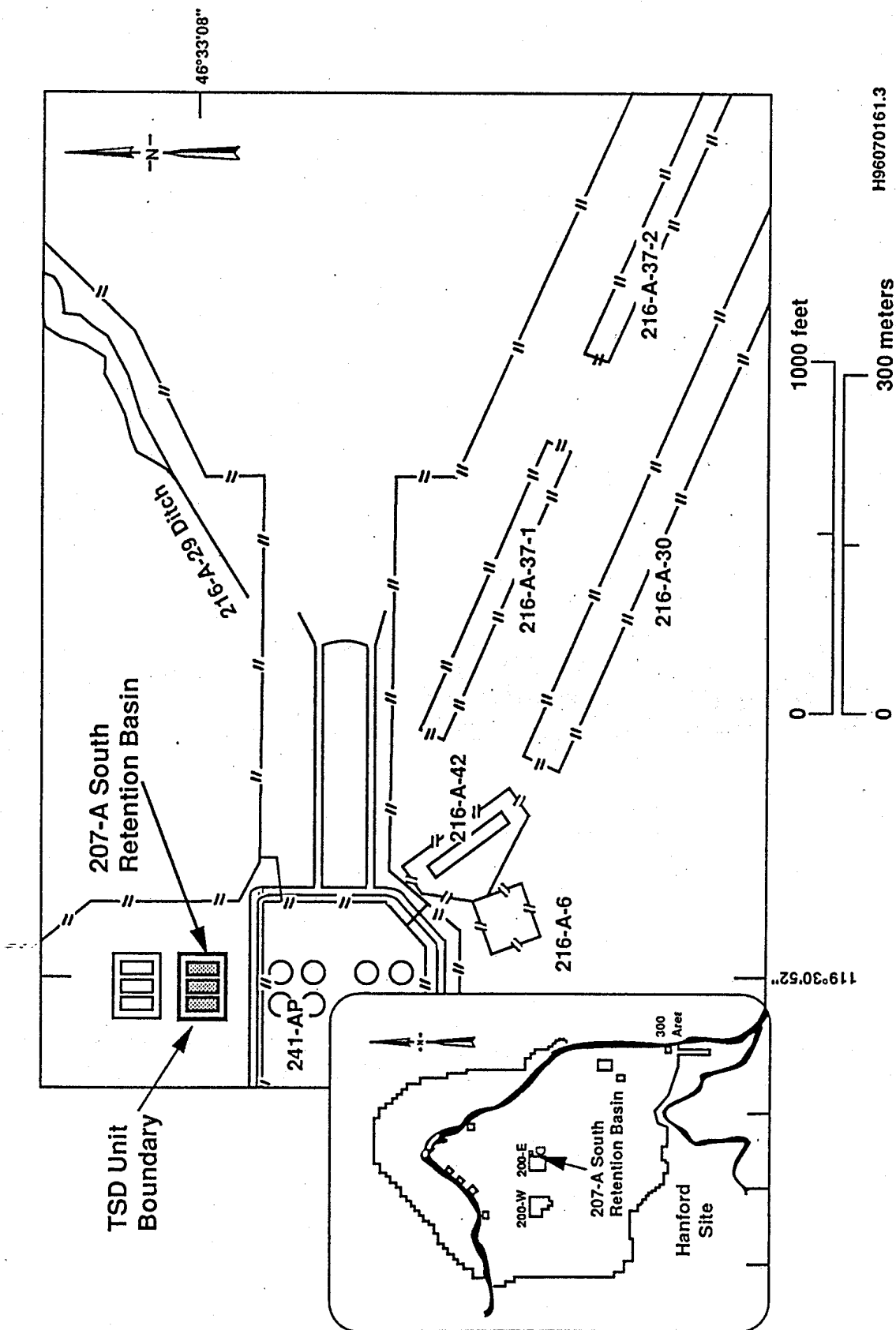


Co-operator
H. J. Hatch,
President and Chief Executive Officer
Fluor Daniel Hanford, Inc.

9/13/96

Date

207-A South Retention Basin Site Plan



207-A SOUTH RETENTION BASIN



46°33'08"
119°30'52"

93060005-12CH
(PHOTO TAKEN 1993)